



Property Pass Division Authorization for Offsite Use – Form "Administered at Division Level"

	Division Tracking Number Issue Date		Issue Date		
career employees. Representative and	The original signed	document must Photo and affid	be retained by the	business use by LBNL e Division Property re required for items	
Employee Name:		E	mployee ID#:		
LBNL Tel:		Δ	Alt Tel:		
Supervisor:		L	LBNL Tel:		
Purpose:	Telecommute		Take on Travel	Offsite Research	
Item De	scription	Property #	Serial #	Offsite Location	
certify that the ite or loss. Employee Signature		sed solely for LB	BNL business and p	protected from damage	
Supervisor Authoriz	zation				
		C'		<u> </u>	
Print Name		Signature		Date	
	uthorization (if diffe	-	dian)	Date	

Property Representative Initials